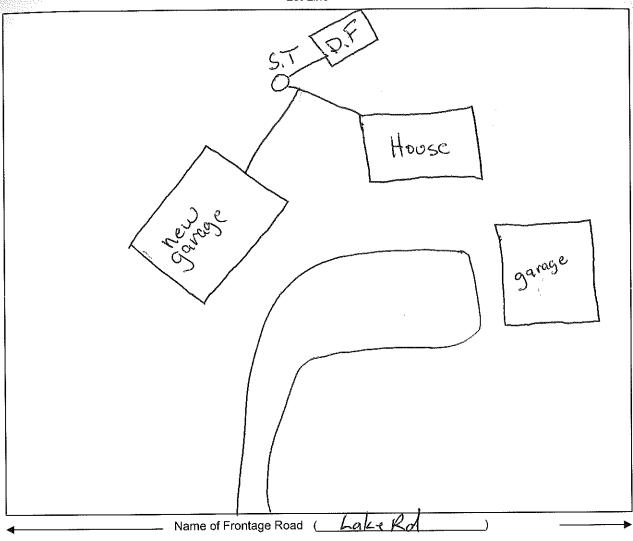
BAYFIELD COUNTY \$50



Zoning District Lakes Class NA

I. APPLICATION IN (Please Print All Inf		on Jl	N 2621	114		Soil Test No:	420	ij	Coun Perm	ty it No:	1-01	The same of the sa		
Property Owner's Name: Dennis & Kim Danowski							Bayfield							
Address of Property:							ocation	Part						
52195 Lab	e Rd	., Barn	es, WI	548	73	SW1/4				45N,	R	9 -	E−(or) W	
Property Owner's Ma	ailing Addre	ess: D. (X62)5	34-4	457	Township:				ov. Lot #				
Same K- (262-) 210-1708 City, State Zip Code Phone Number							1e5	Block #	<u>.</u>	Subdivi	sion Nam	ne or CS	M #·	
715 795 2786								DIOOK II	•	CUDUIVI	Sion Han	10 01 00	Wi IP.	
II. TYPE OF BUILDING: (Check One) State Owned														
Dublic /Funlain the wee/number							Parcel ID Tax Number(s):							
1 or 2 Family D	04-004-2-45-09-34-4 03-000-3000													
A) New Replacement County Private Interceptor														
Reconnection Repair Revision ** Transfer of Owner (List Previous Owner below)														
B) \square A Sanitary Permit was previously issued. <i>Previous Permit Number</i> . 282751 Date Issued: $4^{-1}(5-97)$														
IV. TYPE OF NON-	PLUMBING	SYSTEM:	(Check C)ne) * R	Replace	ments need	l previo	us permi	t number	and date	filled ou	t above		
C) Dit Priv	у [Vault P	rivy (Va	ult size:		_gallons or	CI	ıbic yard	s)					
Portab	e Privy	Campir	ng Transfe	r Unit Co	ontaine	r 🗀	Compo	sting Toi	lets	□ Inc	inerating	Toilet		
V. ABSORPTION S							- Сатро	oung ro			inoraling	TOHOL		
1. Gallons 2. Absorp. Area 3. Absorp. Area 4. Lo						ading Rate 5. Perc. Rate 6. System 7. Final Grade						1		
Per Day Required (Sq.Ft.) Proposed (Sq. Ft.) (Gals					/ Day / Sq.Ft.) (Min. Inch)				Elev.(Feet) Elev. (Feet)					
VI. TANK		pacity Sallons	Total	# of	Man	ufacturer's	Drofe	, h	Cito		Eibor	1	Evener	
INFORMATION: In Ga New Tanks		Existing	xisting Gallons Ta		IVIAI	Name	1	Prefab. Site Concrete Constructed		Steel	Fiber- glass	Plastic	Exper. App.	
Septic Tank or	Idliks	Tanks	j 000	\ \ / \			./							
Holding Tank Lift Pump Tank /					U	ieser		765 ABA 8650 AB			(0.05+100) (CO)			
Siphon Chamber	TV STATE	BAENIT.												
VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.														
Owner's Name(s): (Print) Owner's Signature(s): (No Stamps)														
Plumber's Name: (Print) Plumber's Signature: (No Stamps) MP/MPRSW No:														
							rs signature. (NO Stamps)				224109			
Plymber's Address: (Street, City State, Zip Code)							Home Phone: Business Phone:							
RO. Box 2277 Loke NAMagoinen 715-374-2824														
VIII. COUNTY / DEPARTMENT USE ONLY Disapproved Sanitary Permit/1						ransfer Fee: Date Issued: Iss				suing Agent's Signature / Date:				
Approved									7-1-14 M. Furtale					
Adverse Determination											4 1701.	tul	are	
IX. CONDITIONS C	F APPRO	VAL / REAS	ONS FOR	RDISAP	PROV	AL:				Re	c'd for Is	ssuance		
										JUL 02 2014				
										JUL VA ZUIY				
										S	ecre ita aia	Habitah re	everse side	





- 1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
- 2. Show the approximate location and size of the building.
- Show the location of the well, septic tank and drain field.
- Show the location of any lake, river, stream or pond if applicable.
- 5. Show the approximate location of other existing structures.
- 6. Show the approximate location of any wetlands or slopes over 20 percent.
- 7. Show dimensions in feet on the following:
 - a. Building to all lot lines
 - b Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Septic / holding tank to closest lot line
 - e. Septic/holding tank to building
 - f. Septic / holding tank to well
 - g. Septic / holding tank to lake, river, stream or pond
 - h. Privy to closest lot line

- i. Privy to building
- j. Privy to lake, river, stream or pond
- k. Drain field to closest lot line
- I. Drain field to building
- m. Drain field to well
- n. Drain field to lake, river, stream or pond

IMPORTANT

DETAILED PLOT PLAN IS NECESSARY, FOLLOW

STEPS 1-7 (a-o) COMPLETELY

o. Well to building

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891